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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 07/26/2006 5514 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 (Depositor's name (Signature (Date) ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE 01272.020648. 1005 Nobuyuki Hatasa 10/718.605 11/24/2003 TITLE OF INVENTION: LIQUID CONTAINER PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE **ISSUE FEE DUE** PUBLICATION FEE DUE APPLN. TYPE SMALL ENTITY 10/26/2006 \$1700 \$0 \$1400 \$300 nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS MARTIN, LAURA E 2853 347-086000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1\_Fitzpatrick, Cella, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2 Harper & Scinto (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Canon Kabushiki Kaisha Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form). Advance Order - # of Copies \_\_ 5. Change in Entity Status (from status indicated above) □ b. 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